1337683

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

2005 NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR WNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
Estimated averag	e burden
hours per respons	se 16.00

SEC U	SE ONLY
Prefix	Serial
DATE F	RECEIVED
ı	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
nzymSys Holdings, Inc. Initial Stock Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Ul	OE MINIMUM IN MINIMUM IN MINIMUM IN
Type of Filing:	
	/ JEFF FOLK BIR CERT BIRG FORE CHILL SERVICE CO.
A. BASIC IDENTIFICATION DATA	05064578
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
nzymSys Holdings, Inc.	,
Address of Executive Offices (Number and Street, City, State, Zip Code) Tele	phone Number (Including Area Code)
9635 Philadelphia Road, Baltimore, MD 21237 (410)	682-8925
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Tel (if different from Executive Offices)	ephone Number (Including Area Code)
Brief Description of Business	
Holding company for businesses that develop, manufacture, and market "green chemistry" product	s and applications.
Type of Business Organization	BUCESST
✓ corporation ☐ limited partnership, already formed ☐ other (please sp	ecify):
business trust limited partnership, to be formed	ecify): PROCESSES 8 2005
Month Year	360
Actual or Estimated Date of Incorporation or Organization: 016 015 Actual Estimated	V THOMSULA
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	THOMSON FINANCIAL
CN for Canada; FN for other foreign jurisdiction)	1

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION ·

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	ativa Maria		M²	A, BASIC IDI	A in	PJCATTÖŇ DAJEA				
2. Enter the information re	quest	ed for the fo	llowin	g:						
 Each promoter of 	he iss	uer, if the is	suer h	as been organized w	ithin	the past five years;				
 Each beneficial ow 	ner ha	ving the pow	er to v	ote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	of a clas	s of equity securities of the issuer.
 Each executive off 	icer a	nd director o	f corp	orate issuers and of	corpo	rate general and ma	naging	partners of	f partne	rship issuers; and
 Each general and r 	nanag	ing partner o	f parti	nership issuers.						
Check Box(es) that Apply:	Ø	Promoter		Beneficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Winfield M. Kelly, Jr.	f indi	vidual)			<u> </u>			· ——		
Business or Residence Addre 9635 Philadelphia Road,	•			, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Ø	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)								
Business or Residence Addre 9635 Philadelphia Road,				c, City, State, Zip Co	ode)	······································				
Check Box(es) that Apply:	Ø	Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, s Stephen J. Gorton	f indi	vidual)	<u>.</u>							
Business or Residence Address 9635 Philadelphia Road,				t, City, State, Zip Co	ode)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)								
Business or Residence Address 9635 Philadelphia Road					ode)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, Denny M. Dobbs	if indi	vidual)								
Business or Residence Addresses 9635 Philadelphia Road,		•		, City, State, Zip Co	ode)					· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, Julian W. Neal	if indi	vidual)								
Business or Residence Addre 9635 Philadelphia Road		•		t, City, State, Zip Co 7	ode)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, David Bloom	if indi	vidual)								
Business or Residence Addre	99 (Number and	Street	City State 7in C	nde)					
9635 Philadelphia Road,										

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						В. Г	NFORMATI	on abou	T OFFERI	۷ ۵ .				5 4	•
Answer also in Appendix, Column 2, if filting under ULOENON—monetary others 2. What is the minimum investment that will be screeped from any profession 1. \$100,000.00 for all others 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remneration for solicitation of purchasers in connection with alse of defering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or state, is the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) (Check "All States" or check individual States) (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) (Check "	1.	Has the	issuer solo	l, or does th	ne issuer in	ntend to se	ll, to non-a	ccredited i	nvestors in	this offeri	ing?	*************			
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer pour may set forth the information for that broker or dealer registered with the SEC and/or that state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)					Ansv	wer also in	Appendix,	Column 2	, if filing 1	ınder ULO	ENon-i	moneta	ary c	onsider	ation
3. Does the offering permit joint ownership of a single unit? 4. Eater the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Selicited or Intends to Solicit Purchasers (Cheek "All States" or check individual States)	2.	What is	the minim	um investm	ent that w	ill be acce	pled from a	nvesto ny marvid		100,0	00.00	for a	11}_0	thers	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	3.	Does the	e offering	permit joins	t ownershi	o of a sing	le unit?								
If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													_		
or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)															
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID H. D. IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO All States AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NY NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)		or states	, list the na	me of the b	roker or de	aler. If mo	ore than five	(5) person	ns to be list	ed are asso					
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full					nioman	on for that	DIOKEI OF	dealer only	·					
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		`					T					·.··	· · · · · · · · · · · · · · · · · · ·		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Bus	iness or l	Residence	Address (N	umber and	l Street, Ci	ity, State, Z	ip Code)							
Check "All States" or check individual States All AK AZ AR CA CO CT DE DC FL GA HI DD III. IN IA KS KY LA ME MD MA MI MN MS MO MT NE NY NH NI NM NY NC ND OH OK OR PA III Sc SD TN TX UT VT VA WA WV WI WY PR States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States	Nan	ne of Ass	ociated Br	oker or De	aler				* 					······································	
Check "All States" or check individual States All AK AZ AR CA CO CT DE DC FL GA HI DD III. IN IA KS KY LA ME MD MA MI MN MS MO MT NE NY NH NI NM NY NC ND OH OK OR PA III Sc SD TN TX UT VT VA WA WV WI WY PR States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States	Stat	os in Wh	ich Dorson	Listed Une	Colinitad	or Intende	to Colinit I	Durchesars						•	
II. IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	. 5141			_									. [] Al	l States	
II. IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		(AT)	AT	[47]	ĀĐ	[CA]	[70]	<u>িন্</u> ন	DE]	(DC)	ांच	GA		(II)	
RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All AK AZ AR CA CO CT DE DC PL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)															•
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)															
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)		[RI]	SC	SD	[TN]	TX	UT	VT	VA.	WA	WV	WI	WY	PR	
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)	Full	l Name (l	ast name	first, if ind	ividual)				-						
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)	Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID II IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NI NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)															
(Check "All States" or check individual States) AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)	Nan	ne of Ass	ociated Bi	oker or De	aler										٠
AL AK AZ AR CA CO CT DE DC FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NY NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)	Stat														
IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)		(Check	"All States	s" or check	individual	States)	****************					•••••	- [A	ll States	
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)		AL	AK	AZ			CO						HI		
RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual)															
	Full	Name (ast name	first if indi	ividual)		·								
										· 					
Business or Residence Address (Number and Street, City, State, Zip Code)	Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)							
Name of Associated Broker or Dealer	Nar	ne of Ass	ociated Br	oker or De	aler		 								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Stat	es in Wh	ich Parson	Listed Had	Solicited	or Intends	to Solicit	Purchasers							
(Check "All States" or check individual States)	Otal												. 🔲 Al	l States	
AL AK AZ AR CA CO CT DE DC FL GA HI ID															
IL IN IA KS KY LA ME MD MA MI MN MS MO															
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR		MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

CE OPPERING ERICE, NUMBER OPTIMESTORS, EXPENSES AND USE OF PROCEETIS.

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \Box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	§ 0.00	\$ 0.00
	Equity	\$ 1,300,000.00	\$ 0.00
	✓ Common ☐ Preferred		0.00
	Convertible Securities (including warrants)		\$ \$ 0.00
	Partnership Interests		\$ 0.00 \$ 0.00
	Other (Specify)	\$ 0.00 1 300 000 00	
	Total	\$	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$ 0.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$_300,00
	Legal Fees	_	45 000 00
	Accounting Fees		\$ 5,000.00
	Engineering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)	\	\$ 0.00
	Other Expenses (identify)	-	\$ 0.00
	Total		\$ 50,300.00

(<u>(</u>	C. CEFERING PRICESNUMI	ER OF INVESTORS, EXPENSES AND USE G	ERROCLEDS 2	7.7
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gr	oss	\$1,249,700.00
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate a the payments listed must equal the adjusted gr	and	,
		•	Payments to Officers, Directors, &	Payments to
	0.1.:	•	Affiliates	Others
	Salaries and fees			
	Purchase of real estate		[\$ 0.00	\$ 0.00
	Purchase, rental or leasing and installation of macand equipment	hinery	<u> </u>	□ s 0.00
	Construction or leasing of plant buildings and faci			\$ 0.00
	Acquisition of other businesses (including the value			
	offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of another	\$ 0.00	S 0.00
	Repayment of indebtedness			\$ 0.00
	Working capital			▽ \$ 959,700.00
	Other (specify):		<u></u>	\$ 0.00
			 	ss
	Column Totals		\$ 290,000.00	s 959,700.00
	Total Payments Listed (column totals added)		S_1,2	249,700.00
		d federal signature		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Com	mission, upon writter	
Iss	uer (Print or Type)	Signature	Date	_
nz	ymSys Holdings, Inc.	Dan Kluy	8-10	1-05
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	,,, <u>l</u> , , , , , , , , , , , , , , , , , , ,	
	nfield M. Kelly, Jr.	President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

É STATESTIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
nzymSys Holdings, Inc.	Design Kung	8-19-05
Name (Print or Type)	Title (Print or Type)	
Winfield M. Kelly, Jr.	President	

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AJ	PPENDIX					
1	Intend to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ									ſ <u>.</u>	
AR								,	[
CA								J		
CO										
CT	×		Common Stoc \$1,300,000	16	\$0.00	0	\$0.00			
DE			4,7500,000				·	Section 1		
DC				•						
FL	×		\$1,300,00i Comon Stock) ⁰	\$0.00	0	\$0.00	T		
GA		×	\$1,300,000	0	\$0.00	0	\$0.00			
ни										
ID								T	Γ	
IL		×	\$1,300,000	0	\$0.00	0	\$0.00			
IN		×	\$1,300,000	·§	\$0.00	0	\$0.00			
lA				,						
KS		×	\$1,300,000	К 0	\$0.00	0	\$0.00			
KY										
LA				-				T		
ME										
MD		×	\$1,300,000		\$0.00	0	\$0.00			
MA		×	Common Stoc \$1,300,000	ka	\$0.00	0	\$0.00			
MI			 • • • • • • • • • • • • • • • • • • •					Γ		
MN										
MS										
L	l'	1'		l	1	1	L	_ <u></u>		

1	,	2	3			4		5	
:	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо			- Carlo Carlo						
МТ									
NE		\$2.000 pt 100 pt							
NV		- STREET - No. 1	<u> </u>						Part Square Control
NH	×		Common Stoc \$1,300,000		\$0.00	0	\$0.00		
NJ		×	Common Stoc \$1,300;000	%	\$0.00	0	\$0.00		Carmada appropria
NM	Energy Consumer - weapon a country	,	917300,40 0						Anna anna
NY								in Transportation (1971)	
NC			Control		:				
ND						***************************************			AL AND HEAVEN
ОН								Section Control	
ОК									
OR									
PA		×	*1,300,000	k 0	\$0.00	0	\$0.00		711 mmmalabita
RJ	Contractive contra	مراجعه المراوا والمناف المناف المناف							
SC	a angelette op 2000 ga	and the same of the same of		 					Common to the control of the control
SD									
TN									
TX	The State of the S	×	= Common S too \$1,300,000	k o	\$0.00	0	\$0.00		mittage out entires
UT	Ton a communa i e e e e e e e e e e e e e e e e e e								
VT			j i					Francisco de estado pero	
VA								Committee of the commit	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
WA		4	12.						
wv	1	×	### Common Stoc #1,300,000	0	\$0.00	0	\$0.00		
WI	and the second							Region or application people on the col-	

				APP)	ENDIX:							
1	2	2	3		4							
					Type of investor and							
			Type of security									
		to sell	and aggregate									
		ccredited	offering price									
		s in State	offered in state		amount purchased in State (Part C-Item 2)							
	(ran b	-Item 1)	(Part C-Item 1)		(Part E	-Item 1)						
			i	Number of		Number of]].	}			
1 .				Accredited		Non-Accredited						
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No			
WY												
	n house see a type see								<u> </u>			
PR						,						
	Here was recovered and all	Personal construction	L	<u> </u>	L	l		E holymorphen and a m	Printers were come a good?			